



STATE OF TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
 DEPARTMENT OF COMMERCE AND INSURANCE  
 500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142  
 800-256-5758 615-741-3221 (Nashville Area) 615- 532-9410 (FAX)

## Principles and Practice of Engineering Exam Information

(for initial registration as a Professional Engineer)

### Exam Dates and Application Deadlines

**NOTE: All supporting documents [references, transcript(s), verification, etc.] are due in the Board office within thirty (30) days after the application deadline.**

<b>Test Dates</b>	<b>Application Deadline— New Applicants (Application due in Board Office)</b>	<b>Retake Requests— Applicants with Pending Approved Applications Written Letter of Intent and Retake Fee Due By</b>
October 26, 2007	June 15, 2007	September 1, 2007
April 11, 2008	December 1, 2007	February 1, 2008
October 24, 2008	June 15, 2008	September 1, 2008
April 24, 2009	December 1, 2008	February 1, 2009
October 23, 2009	June 15, 2009	September 1, 2009
April 16, 2010	December 1, 2009	February 1, 2010
October 29, 2010	June 15, 2010	September 1, 2010
April 8, 2011	December 1, 2010	February 1, 2011
October 28, 2011	June 15, 2011	September 1, 2011
April 13, 2012	December 1, 2011	February 1, 2012
October 26, 2012	June 15, 2012	September 1, 2012
April 12, 2013	December 1, 2012	February 1, 2013
October 25, 2013	June 15, 2013	September 1, 2013
April 11, 2014	December 1, 2013	February 1, 2014
October 24, 2014	June 15, 2014	September 1, 2014
April 17, 2015	December 1, 2014	February 1, 2015
October 30, 2015	June 15, 2015	September 1, 2015
April 15, 2016	December 1, 2015	February 1, 2016
October 28, 2016	June 15, 2016	September 1, 2016

## Fees

Make checks payable to the **Tennessee Department of Commerce and Insurance**.

You should submit both the application fee and the exam scoring fee with your application. These fees are listed below under “Fee Information.”

## Fee Information

Application Fee– **\$30** (nonrefundable)

Exam Fee– **\$215**

Postponement Fee– **\$25** (due after exams are ordered)

Biennial Registration Fee– **\$140** (due after exam is passed)

Retake Fee– **\$215**

## Exams given in April and October

Chemical Mechanical Civil Structural I Electrical and Computer  
Structural II Environmental

### April Exams Only

Architectural Engineering  
Naval Architecture/Marine Engineering

### October Exams Only

Agricultural  
Control Systems  
Fire Protection  
Industrial  
Metallurgical  
Mining/Mineral  
Nuclear  
Petroleum

## Exam Locations

Exams are currently given in Knoxville, Memphis, and the Nashville area; however, this is subject to change.

## Residency Requirements

An applicant for registration by exam must meet Tennessee’s residency requirement ([Rule 01201.03](#)).

## Forms

### (1) Application Form –

- Fill out the application form completely (online or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide an emergency contact to be called in the event of a medical emergency at the exam site.
- Provide detailed information regarding your progressive engineering design work and responsibility on projects, to enable evaluation of experience. For a description of progressive engineering experience, [click here](#). All time/experience must be accounted for whether it is related to engineering or not. You must show the minimum required years of experience at the time of application.

For the Board's policy concerning exam choices, [click here](#).

## **(2) Reference Forms –**

- Submit five (5) references from persons acquainted with your technical ability and character.
  - o Three of the five references must be from registered engineers and
  - o References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). No more than three (3) references can be from your current employment.
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

## **(3) Request-For-Transcript Form –**

Submit the Registrar's Letter to each post-high school institution attended. Your transcript(s) must be submitted directly to the Board office from each institution attended.

## **Review Procedure**

When your application packet is complete, it will be circulated among the engineer members of the Board for review. The review may take up to eight weeks.

## **Applicants with Foreign Degrees**

Rule 0120-1-.10 states that engineering degrees that are not accredited by the Accreditation Board for Engineering and Technology (ABET) shall be referred at the applicant's expense to a person or an entity approved by the Board and qualified to evaluate equivalency to an ABET-accredited engineering program for evaluation and recommendation. The Board has approved the Center for Professional Engineering Education Services (CPEES), an affiliate of the National Council of Examiners for Engineering and Surveying (NCEES), to evaluate foreign undergraduate engineering degrees. For further information regarding the evaluation process, contact CPEES at the address below:

P.O. Box 720010  
Miami, FL, 33172  
Phone: 800-464-7650  
Website: [www.cpees.org](http://www.cpees.org)  
E-mail: [centersupport@ncees.org](mailto:centersupport@ncees.org)

## **Verification**

The Board will request verification from the state board where you passed the Fundamentals of Engineering examination. If the state board charges a fee to provide verification, a form will be sent to you to submit to the appropriate state board with your fee.

## **Disability and Religious Accommodations**

If you require special accommodations in taking this examination, contact [NCEES](#).

## Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. The Board considers passing the respective registration examination as one of the requirements for a completed application.

## Scheduling Information

The Board has contracted with NCEES for exam administration services, including the scheduling of candidates. NCEES will distribute test admission notices to approved candidates 2-3 weeks before the exam. For further information, visit the [NCEES](#) website.

## Exam Preparation Information

For information about exam preparation resources, visit the [NCEES](#) website.

## Exam Materials and Calculator Information

For information regarding materials permitted and not permitted in the examination room, including acceptable calculators, visit the [NCEES](#) website.

## Score Reporting

Scores are received approximately 90 days after the date of the exam. You will be notified, in writing, within 10 days from the day scores are received. Scores are not released over the phone nor posted on the web site.

## Exam in an Additional Discipline after Initial Registration

If you are already licensed in Tennessee and want to take a PE exam in another discipline, you must submit the [Application to Add an Exam Discipline](#). Do **not** submit the regular application form for registration since you will **not** be issued another PE license. To sit for the Structural II exam, you must have already taken and passed either the Civil or Structural I exam.

## Proctoring Exams for Other Jurisdictions

Exam candidates who have applied in other jurisdictions, but wish to take the exam in Tennessee should contact [NCEES](#) directly. NCEES will advise you of what further action to take.

## Board Contact

Contact Wanda Phillips at 615-741-3221, 800-256-5758, or send e-mail to [wanda.phillips@state.tn.us](mailto:wanda.phillips@state.tn.us) if you need further information or have questions about this information.

Updated June 2007



State Of Tennessee  
Board Of Architectural And Engineering Examiners  
Department Of Commerce And Insurance  
500 James Robertson Parkway, Third Floor  
Nashville, Tennessee 37243-1142

## APPLICATION FOR REGISTRATION TO PRACTICE AS A PROFESSIONAL ENGINEER

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Official Capacity \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? ☐ Yes ☐ No

I am applying for registration by:

☐ Examination and wish to be examined in the discipline of \_\_\_\_\_ engineering to be administered

\_\_\_\_\_ at \_\_\_\_\_  
date exam location

Emergency contact (name and phone number): \_\_\_\_\_

Do you require special accommodations in taking an examination? ☐ Yes ☐ No

☐ Comity ☐ Reapplying ☐ I have an NCEES Council Record (optional).

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprpd	Board Member	Date	Aprvd	Dis-aprpd

Full Name \_\_\_\_\_

**All information MUST comply with instructions or the application will be returned.**

If you have ever changed your name through marriage, a court action, or have ever been known by any other name, please list name(s) and date(s) of change. \_\_\_\_\_

Have you passed the Fundamentals of Engineering (EIT) examination? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

Have you passed a written professional examination? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

List membership in technical or professional organizations \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

☐ Yes ☐ No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, submit a letter of explanation and a certified copy(ies) of the judgment(s).

#### EDUCATIONAL BACKGROUND

Name and Address of Institution	Attendance (From - To)	Date of Graduation	Major Course	Degree Received
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\_\_\_\_\_

\_\_\_\_\_

Full Name \_\_\_\_\_

### EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed information of progressive experience on engineering design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment Years  ----- Months	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

### EXPERIENCE

List each engagement **in chronological order beginning with first** engagement. Provide detailed information of progressive experience on engineering design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment Years  ----- Months	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

(Attach additional experience sheet if necessary, using the same format)



Full Name \_\_\_\_\_

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(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

## REFERENCES

List names and complete addresses of five persons acquainted with your technical ability. Three references must be from registered engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.

References	State of Registration	Employer Past Employer Client	Complete Address

## APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an engineer and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Attach a photograph  
taken in the last 12 months

HEAD AND  
SHOULDERS ONLY



State of Tennessee  
Board of Architectural and Engineering Examiners  
Department of Commerce and Insurance  
500 James Robertson Parkway, Third Floor  
800-256-5758 615-741-3221 (Nashville Area)

Nashville, TN 37243-1142  
615-532-9410 (FAX)

## REFERENCE

**This request letter is to be completed by the applicant**

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

\_\_\_\_\_ architecture  
practice \_\_\_\_\_ engineering  
\_\_\_\_\_ landscape architecture

Please send the information requested on the next page directly to the Board office.

\_\_\_\_\_  
Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_
- d. I am/am not a registered \_\_\_\_\_ architect  
\_\_\_\_\_ engineer  
\_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Address)



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THE REGISTRAR

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Dear Sir:

I am applying for registration as a/an

\_\_\_ architect \_\_\_engineer \_\_\_engineer intern \_\_\_ interior designer \_\_\_ landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my record.

I attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
College or University Date Date

and graduated on \_\_\_\_\_ with \_\_\_\_\_ degree in \_\_\_\_\_  
Date Type of Degree

My social security number is \_\_\_\_\_.

I will appreciate your forwarding a transcript of my record to:

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TN 37243-1142

as soon as possible, since my application will not be considered by the Board until the transcript is received in the Board Office.

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,